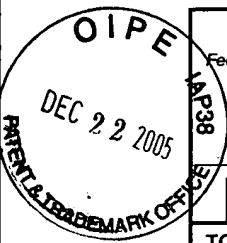


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/614,919
		Filing Date	July 12, 2000
		First Named Inventor	Koichi SAKAMOTO
		Examiner Name	B. C. Genco
		Art Unit	2615
		Attorney Docket No.	0879-0268P
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 450.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: _____	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<b>Total Claims</b> 25 - 29 = _____ x _____ = _____	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b>			
<b>Indep. Claims</b> 5 - 7 = _____ x _____ = _____	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____		
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> _____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____	<b>Extra Sheets</b> _____	<b>Number of each additional 50 or fraction thereof</b> _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b> _____
Other (e.g., late filing surcharge): 1252 Extension for response within second month							450.00

<b>SUBMITTED BY</b>			
Signature	<i>Marc S. Weiner</i> #39,491	Registration No. (Attorney/Agent)	32,181
Name (Print/Type)	Marc S. Weiner	Telephone	(703) 205-8000
		Date	December 22, 2005



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 0879-0268P	
Application Number 09/614,919		Filed July 12, 2000	
For ELECTRONIC CAMERA AND RECORDING AND REGENERATING METHOD THEREIN			
Art Unit 2615		Examiner B. C. Genco	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$ 450.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. 12/23/2005 SZEWDIE1 00000083 09614919			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:1252 450.00 0P			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 32,181			
_____ Signature		_____ Date	
for Marc S. Weiner Typed or printed name		(703) 205-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			